

CERTIFICATE OF INSURANCE  
FIRE PROTECTION SYSTEM CONTRACTORS

**SURPLUS LINES CARRIER**

This is to CERTIFY to the **COMMISSIONER OF THE DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION, COMMONWEALTH OF KENTUCKY**: that the insurance coverage indicated below are in full force and effect for the term indicated with limits of public liability and property damage not less than \$250,000 per person/\$500,000 per accident as provided for in KRS 198B.

\_\_\_\_\_  
Name of INSURED - Contractor Company Name as it Appears on License Application

\_\_\_\_\_  
Complete Business Address of Insured

\_\_\_\_\_  
Name of Specific Surplus Lines Carrier Affording Coverage

\_\_\_\_\_  
Insuring Company's Complete Home Office Address

Coverage Afforded: \_\_\_\_\_

Exclusions if any in Policy: \_\_\_\_\_

\_\_\_\_\_  
Policy Number: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Company Name and Address of KY Licensed Surplus Lines Broker Exporting

\_\_\_\_\_  
KY DOI Number

\_\_\_\_\_  
Name and Address of Insurance Agency

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Type Name and ID No. of Exporting Surplus Lines Broker

\_\_\_\_\_  
Signature of Exporting Surplus Lines Broker

If this policy is terminated prior to its expiration, the company agrees to give written notice to the Department of Housing, Buildings and Construction, Commonwealth of Kentucky, at least thirty (30) days prior to the effective date of cancellation